

## **Summary of Considerations/Recommendations for Restructuring the LTC System**

### **Access to the LTC System**

- Readily available, easy-to-understand information about LTC options, including HCBS
- A single entry point (SEP) into the LTC system for all long-term care (Medicaid NF, HCBS, State-funded Options, and Older Americans Act) programs including counseling and assistance, screening and intake, facilitated enrollment for Medicaid financial eligibility, and level of care evaluation
- Prompt determination of Medicaid (financial) eligibility by a centralized eligibility unit based on uniform, streamlined requirements including Fast-Track and Presumptive processes
- Streamlined determination of medical (level of care) eligibility (e.g., online application)
- Level of care criteria more consistent with other states, targeting NF care to those with greatest need
- Eligibility for “at risk” persons to access a more moderate HCBS to delay/prevent institutionalization

### **LTC Services**

- Broad array of HCBS, including expanded residential alternatives to Nursing Facility (NF) care
- Consumer-directed care options, including the ability to hire non-traditional providers such as family members, friends, and neighbors, and to manage an acuity-based budget
- Efforts to sustain natural support networks by identifying and addressing needs of family caregivers
- Comprehensive Care Coordination and integration of all acute and LTC services (including medical and non-medical support services)
- A NF diversion program when HCBS would be more appropriate and cost-effective
- A NF transition program including strategies to identify and assess NF residents who may be more appropriately and cost-effectively served in community settings, and to facilitate timely transition
- One-time community transition services (e.g., security and utility deposits, essential furnishings)
- Assistance with housing and affordable, accessible transportation services
- Alternative forms of medication assistance (reduced reliance on skilled nursing)
- Elimination of statutory barriers that restrict consumer choice regarding who will perform routine health maintenance activities

### **Provider Network**

- Streamlined provider enrollment processes
- Alignment of provider enrollment requirements (e.g., allow NFs and Assisted Living Facilities to provide other HCBS services without additional licensure requirements)
- Direct care workforce recruitment, training, compensation, and retention strategies
- Development of additional PACE program sites

### **Financing**

- Acuity-based NF reimbursement with phased-in implementation
- Efficient and timely provider payment systems
- A global LTC budget including NF and HCBS
- A more appropriate “balance” between NF and HCBS expenditures
- Consideration of a managed care approach with strong consumer protections to improve access to services and coordination of care, ensure quality, and appropriately align financial incentives

### **Quality**

- A comprehensive Quality strategy across all Medicaid LTC services (NF and HCBS), utilizing a quality improvement (rather than punitive) approach, in addition to regulatory requirements
- Measures to immediately detect and resolve problems, e.g., electronic visit verification
- Uniform measures of system performance
- Key focus on customer perceptions of quality (Consumer Experience Survey)
- Consumer advisory groups and other ongoing mechanisms for meaningful consumer input
- Advocacy/Ombudsmen program across all LTC services